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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:	Attorney Docket No.		431591						
	First Named		Michael G. Hoeting						
Mail Stop Reissue	Original Pate	ent Number	6,543,284						
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22242 1450	(Month/Day/		April 8, 2003						
Alexandria, VA 22313-1450	Express Mail	Mail Label No. EV 012057665							
APPLICATION FOR REISSUE OF: (Check applicable box)    X   Utility Page	Design Patent Plant Patent								
APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS								
Fee Transmittal Form (PTO/SB/56)  (Submit an original, and a duplicate for fee processing,	Statement of status and support for all changes to the claims. See 37 CFR 1.173(c).								
2. Applicant claims small entity status: See 37 CFR 1.27.	11. Original Patent Grant								
3. X Specification and Claims in double column copy of pat (amended, if appropriate)	Ribboned Original Patent Grant								
4. X Drawing(s) (proposed amendments, if appropriate)	Statement of Loss (PTO/SB/55)  12. Foreign Priority Claim (35 U.S.C. 119) (if applicable)								
5. X Reissue Oath/Declaration (original or copy) (37 C.F.R. 1.175) (PTO/SB/51 or 52)									
6. Power of Attorney		13. X Information	on Disclosure Copies of IDS Citations						
7. Original U.S. Patent currently assigned? X Yes (If Yes, check applicable box(es))	No		ranslation of Reissue Oath/Declaration						
X Written Consent of all Assignees (PTO/SB/53)	15. X Preliminary Amendment								
37 C.F.R. 3.73(b) Statement (PTO/SB/96)	Return Receipt Postcard (MPEP 503)  16. Should be specifically itemized)								
CD-ROM or CD-R in duplicate, Computer Program (Ap or large table	17. Other:								
Nucleotide and/or Amino Acid Sequence Submission     (if applicable, all of the following are necessary)									
a. Computer Readable Form (CFR)									
b. Specification Sequence Listing on:  i CD-ROM (2 copies) or CD-R (2 copies); or									
ii paper ' ' '									
c. Statements verifying identity of above copies									
18. CORRESPONDENCE ADDRESS									
X Customer Number: 27717		OR	Correspondence address below						
Name									
Address									
City	State	e	Zip Code						
	phone		Fax						
Name (Print/Type)   J Terry Stratman   Registration No. (Attorney/Agent)   25,165									
Signature (ALA) (Allomey/Agent) 23,163									

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/56 (06-03)

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REISSUE APPLICATION FEE TRANSMITTAL FORM								Docket Number (Optional)							
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	1		Nium	ber Filed in		Claims as Fi	ied – I	Part 1	Cmall		<del></del>		AL 0 C	" F	
Claims in Patent			F	Reissue	1	(3) Number Ext	ra	Rate	Small	Fee			Other than a S Rate	Fee Fee	
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(C) 3		pendent claims CFR 1.16(i))	(5)	4	. 1			x \$	<u>:</u>			or	×\$ <u>86</u> =	86	
Basic Fe						Basic Fee	(37 CF	(37 CFR 1.16(h)) \$				_		\$ <b>770</b>	
						Total Filing	Fee	Fee \$					OR	\$56_	
					Clai	ims as Ame	nded	– Part 2		<u>.                                    </u>			<u>.L</u>		
		(1) Claims Rem	-ining		Lighe	(2)	T	(3) Extra	Τ	Small E			Other than a	Small Entity	
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Independe Claims (37 ( 1.16(i))	CFR	***		MINUS	****		=		×\$_	=			x \$	=	
					Total Additional Fee						\$		OR	\$	
* If the entry in (D) is less than the entry in (C), Write "0" in column 3.  ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.  *** After any cancellation of claims.  **** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).  ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).  Applicant claims small entity status. See 37 CFR 1.27.															
Please of A duplic	charge ate co	Deposit Accou py of this sheet	unt No t is encle	osed.			ir	ı the am	ount of				·		
The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 19–1351  A duplicate copy of this sheet is enclosed.															
X A check	A check in the amount of \$ 856.00 to cover the filing/addi						dditiona	ıl fee is	enclos	sed.					
Paymer	nt by c	redit card. Form	n PTO-2	2038 is attac	:hed.										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit cad information and authorization on PTO-2038.															
	1//	24/03 Date		_				<u>(</u>	Signat	ture of A	Applicar	nt, Atto	Manual Agent	My of Record	
Registration Number, if applicable  T. TEKN STRATMAN  Typed or printed name															

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